

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(TO BE USED WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

Brooker
61018887

CLAIMS

	AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	IND.	DER.	IND.	DER.
1	1	1			
2					
3					
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48					
49					
50					
TOTAL IND.		2			
TOTAL DER.					
TOTAL CLAIMS		109			

	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
51						
52						
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100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

BEST AVAILABLE COPY